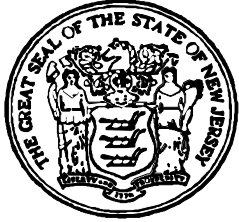


APPLICATION FRAUD REFERRAL FORM
OIFP-1B (01/01)



State of New Jersey
Office of Insurance Fraud Prosecutor
P.O. Box 094
Trenton, NJ 08625

For OIFP use only:

OIFP Case # ____/____/____

Intake # _____

Investigator _____

PART I

INSURANCE CO. _____

ADDRESS _____

TELEPHONE _____

E-MAIL ADDRESS _____

DATE REPORTED _____

NAIC COMPANY # _____

DATE OF APPLICATION _____

POLICY # _____

CONTACT PERSON _____

TYPE OF COVERAGE (Check appropriate box)

LIFE ☐ W.C. ☐
AUTO ☐ HOME ☐
COMM. ☐ OTHER _____

STATUS (Indicate as appropriate)

PREMIUM ADJUSTED _____
AMOUNT \$ _____
APPLICATION DECLINED _____
NON-RENEWAL _____
CANCELED _____

INSURED/SUBJECT:

LAST _____ FIRST _____ MIDDLE _____

STREET _____ CITY _____ STATE-ZIP _____

HOME PH. _____ WORK PH. _____ D.O.B. _____

S.S. # _____ D.L.# _____

PRODUCER: AGENCY NAME _____

PRODUCER NAME: LAST _____ FIRST _____ MI _____

STREET _____ CITY _____ STATE/ZIP _____

WORK PH. _____ LICENSE # _____

PART II

PROVISION(S) OF N.J.S.A. 17:331-4 RELATING TO APPLICATIONS THAT MAY HAVE BEEN VIOLATED:
(CHECK APPROPRIATE BOX)

- ☐ **a(4)(a) - rate evader:** PREPARES OR MAKES ANY WRITTEN OR ORAL STATEMENT, INTENDED TO BE PRESENTED TO ANY INSURANCE COMPANY OR PRODUCER FOR THE PURPOSE OF OBTAINING A MOTOR VEHICLE INSURANCE POLICY, THAT THE PERSON TO BE INSURED MAINTAINS A PRINCIPLE RESIDENCE IN THIS STATE, WHEN IN FACT, THAT PERSON PRINCIPALLY RESIDES IN A STATE OTHER THAN THIS STATE. N.J.S.A. 17:33A-4A(4)(A)
- ☐ **a(4)(b) - makes a false statement:** PREPARES FOR MAKES ANY WRITTEN OR ORAL STATEMENT, INTENDED TO BE PRESENTED TO ANY INSURANCE COMPANY OR PRODUCER FOR THE PURPOSE OF OBTAINING AN INSURANCE POLICY, KNOWING THAT THE STATEMENT CONTAINS ANY FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT FOR THING MATERIAL TO AN INSURANCE APPLICATION FOR CONTRACT. N.J.S.A. 17:33A-4A(4)(B)

- ☐ a(5) - conceals relevant evidence of application fraud: CONCEALS OR KNOWINGLY FAILS TO DISCLOSE ANY EVIDENCE WHICH MAY BE RELEVANT TO A FINDING THAT A VIOLATION OF N.J.S.A. 17:33A-4A(4) HAS OCCURRED. N.J.S. 17:33A-4A(5)
- ☐ a(5)(b) - conspires with another: KNOWINGLY ASSISTS, CONSPIRES WITH, OR URGES A PERSON TO VIOLATE AN PROVISION OF THIS ACT. N.J.S.A. 17:33A-4B. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED _____).

PART III

1. INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THE APPLICANT DID AND FRAUD INDICATORS, WHICH LED YOU TO SUSPECT THAT THE ACT WAS VIOLATED, AS CHECKED ABOVE. (MERELY STATING "SEE ATTACHED" FILE OR DOCUMENTS IS NOT ACCEPTABLE WITHOUT SPECIFIC DESIGNATION OF PAGE AND LINE, BUT EXTRA SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)*

2. LIST ALL FALSE OR MISLEADING STATEMENTS MADE TO THE INSURANCE CARRIER, OR INFORMATION OMITTED, AND INDICATE ON WHICH DOCUMENTS EACH STATEMENT OR OMISSION IS MADE: (FOR EXAMPLE, THE APPLICATION AND ANY DOCUMENT SUBMITTED IN SUPPORT OF THE APPLICATION)*

3. INDICATE THE EVIDENCE WHICH CORROBORATES THE SUSPICIOUS FACTS AND CIRCUMSTANCES INDICATED IN PARAGRAPH 1. ABOVE.*

4. SPECIFY ANY EVIDENCE WHICH WOULD TEND TO INDICATE THAT A LICENSED INSURANCE PRODUCER (AGENT) OR INSURANCE AGENCY EMPLOYEE KNOWINGLY PARTICIPATED IN THE APPLICATION FRAUD. PROVIDE THE NAME AND ADDRESS OF THIS PERSON.*

* For each document listed in support of the allegation of fraud, please attach an exact copy or the original. In addition, as to all documents attached to this form, please complete the attached Certification of Custodian of Records.

CERTIFICATION OF CUSTODIAN OF RECORDS

I certify that the records identified herein are originals or exact copies of the records made by a person with actual knowledge in the regular course of business at the time the activity took place. If additional records later become known or available, I shall promptly provide them to the Office of Insurance Fraud Prosecutor. I certify that the foregoing statements by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(List each document in this space or reference a separate attached listing)

Custodian of Records
(Full Name and Title)

Dated: